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**HANA VERNY
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01/21/2007 HANUYEN2 00000001 10613639

01 FC:1001
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MELINDA TOMPKINS (Depositor's name)
Melinda Tompkins (Signature)
MARCH 23, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/613,639

07/03/2003

ALAN BRUCE MONTGOMERY

3818.02-5

4624

TITLE OF INVENTION: INHALABLE AZTREONAM LYSINATE FORMULATION FOR TREATMENT AND PREVENTION OF PULMONARY BACTERIAL INFECTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
Nonprovisional	NO	\$1,400	\$300	\$0	\$1,700	03/29/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				

ALSTRUM ACEVEDO, JAMES HENRY

1616

424-046000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **HANA VERNY**

2 **PETERS VERNY, LLP**

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CORUS PHARMA, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SEATTLE, WA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Hana Verny*

Date **MARCH 23, 2007**

Typed or printed name **HANA VERNY**

Registration No. **30,518**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)
(37 C.F.R. 1.311)

Docket No.
3818.02-5

Applicant(s): ALAN BRUCE MONTGOMERY

MAR 26 2007

Application No.	Filing Date	Customer No.	Group Art Unit	Confirmation No.
10/613,639	07/03/2003	23308	1616	4624

Invention: INHALABLE AZTREONAM LYSINATE FORMULATION FOR TREATMENT AND PREVENTION OF PULMONARY BACTERIAL INFECTIONS

Mail Stop Issue Fee
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 1400.00 ☐ Design Fee: ☐ Plant Fee:
- ☒ Publication Fee: \$ 300.00
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Dated: MARCH 23, 2007

Hana VERNY
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<i>Melinda Tompkins</i> Signature of Person Mailing Correspondence
MELINDA TOMPKINS
Typed or Printed Name of Person Mailing Correspondence